

**LOCAL BANKRUPTCY FORM 1007-1(c)
IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF
PENNSYLVANIA**

IN RE:

Jocelyn R. Savage

Debtor(s)

: CHAPTER 13

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: CASE NO. 24-10382-PMM

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**CERTIFICATION OF NO PAYMENT ADVICES
pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)**

I, Jocelyn R. Savage, hereby certify that within sixty (60) days before the date of filing the above-captioned bankruptcy petition, I did not receive payment advices (e.g. "pay stubs"), as contemplated by 11 U.S.C. § 521(a)(1)(B)(iv), **from any source of employment**. I further certify that I received no payment advices during that period because:

X I have been unable to work due to a disability throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

_____ I have received no regular income other than Social Security payments throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

_____ My sole source of regular employment income throughout the sixty (60) days immediately preceding the date of the above-captioned petition has been through self-employment from which I do not receive evidence of wages or a salary at fixed intervals. I have been unemployed throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

_____ I did not receive payment advices due to factors other than those listed above. (Please explain)

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

Dated: 3/4/2024

/s/ Jocelyn R. Savage
Debtor